

State of New Mexico
 Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCD
 AsOfDate 06/22/2012
 Voucher Vchtr Vchtrlinedescr Distr Account Account Description Fund VendorName 1099 Withhold Year Month

00001778641 6/29/12

| Number | Line | Line# | Description | Fund | VendorName | 1099 | Withhold | Accounting Period | PurchaseOrder | Invoice Number | Total Amount | |
|-------------------|------|---------------------|-------------|--------|------------------------|-------|----------------|-------------------|---------------|----------------|------------------|--------|
| 00299827 | 1 | I/S Meals & Lodging | 1 | 542200 | Employee I/S Meals & L | 06101 | ADAMS RICH-001 | 2012 | 06 | 0000098967 | Adams, R. 6.18-6 | 165.00 |
| Total For Voucher | | | | | | | | | | | 165.00 | |

[Summary](#) [Invoice Information](#) [Payments](#) [Voucher Attributes](#) [Error Summary](#)

Business Unit: 66500

Invoice Number: Adams, R. 6.18-6.19

Voucher ID: 00299827

Invoice Date: 06/20/2012

Voucher Style: Regular

Total: 165.00

Voucher Processing

☒ Post Voucher☐ Close Voucher☒ Revalue Voucher☐ Delete Voucher

Accounting Instructions

*Accounting Template: STANDARD Account At: Gross 

Match Action

*Status:

Ready ☐ Pay UnMatched Voucher

Transaction Currency

*Source:

Tables 

*Currency: USD

Rate Type: CRRNT 

Exchange Rate:

1.00000000

Voucher Approval

*Approval:

Specify at this Level Business Process: PROCESS_VOUCHERS Approval Rule Set: Payment Approval Rule Set 1 

Self Billing Invoice

*SBI Num Option:

Group Vouchers (Auto-Nur 

SBI Number:

Prepayment

Prepayment Reference:

☐ Automatically Apply Prepayment ☐ Postpone Withholding 

Letter of Credit

Letter of Credit ID:



Tax Group

AGENCY NAME New Mexico Department of Health

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE 2
DATE 6/18/12
AGENCY CODE 66500
VOUCHER NUMBER 00299827

| | | | |
|------------------------------|---------------------------|----------------------|---|
| NAME Richard Adams | CAR LICENSE NUMBER GS1984 | POST OF DUTY Ruidoso | PROPOSED (ADVANCE VOUCHER) <input type="checkbox"/> |
| SOCIAL SECURITY NUMBER 97303 | MODEL Nissan | RESIDENCE Ruidoso | ACTUAL (RECOUPMENT VOUCHER) <input checked="" type="checkbox"/> |
| NORMAL WORK DAY 8am | TO 5pm | YEAR 2011 | |

| DATE | TIME SHOW AM OR PM | | CHARACTER OF EXPENDITURES ENTER DESTINATION, NATURE, OF OFFICIAL BUSINESS, PARTY CONTACTED AND MISCELLANEOUS | ODOMETER READINGS | | AMOUNTS | | | |
|---|--------------------|---------|---|------------------------|--------------|---------|----------|---------------|--------|
| | DEPARTURE | ARRIVAL | | ENTER START AND FINISH | NO. OF MILES | MILEAGE | PER DIEM | MISCELLANEOUS | TOTALS |
| 6/18/12 | 7:00am | | Depart Ruidoso to Santa Fe to meet with Cabinet Secretary Overnight-Santa Fe rates apply* | | | | 135.00 | | 135.00 |
| 6/19/12 | | 7:00pm | Depart Santa Fe to Ruidoso partial day per diem 12.0 hrs. | | | | 30.00 | | 30.00 |
| PER DIEM IS BASED ON (CHECK ONE) | | | | | | | | | |
| ACTUAL <input type="checkbox"/> | | | | | | | | | |
| APPROVED RATES <input checked="" type="checkbox"/> | | | | | | | | | |
| I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverages; I further certify that no further payment will be sought for the travel/training covered by this voucher. | | | | TOTALS | | | 165.00 | | 165.00 |
| Employee Signature | | | | Advance Amount @ 80% | | | | | |
| Date | | | | Adjusted Reimbursement | | | | | |

☒ Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA regulations Governing the Per Diem and Mileage Act.

I, Richard Adams
do solemnly swear that the above claim for reimbursement is just and true in all respects and complies with the DFA Regulations Governing the Per Diem and Mileage Act.
PAYEE SIGN HERE X *Richard Adams*

New Mexico Department of Health Travel and Training Request Form

| | | | | |
|-----------------------------|-------------------------|---------------|------------|--------------|
| Employee Information | Employee Name: | Richard Adams | Position: | CMO |
| | Department ID and Fund: | 60001001000 | Telephone: | 505-629-7496 |
| | Post of Duty: | Ruidoso | Residence: | Ruidoso |

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

| | | | | | | |
|----------------------------|--|------|--|--------|------------|--------|
| Vehicle Information | <input checked="" type="checkbox"/> Check If state vehicle | | <input type="checkbox"/> Check if personal vehicle | | License #: | GS1984 |
| | Year: | 2011 | Make: | Nissan | Model: | Altima |


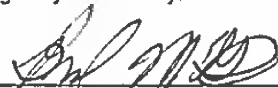
| | | | | | | |
|----------------------------------|---|--|---|--|--|--|
| Trip/Training Information | Please provide agendas, itineraries and any relevant documents. | | | | | |
| | Course Name: | | Meetings in Santa Fe and ABQ for Governing Boards | | | |
| | <input checked="" type="checkbox"/> Check if training is required | | | <input type="checkbox"/> Check if Continuing Education credits will be granted | | |

| | | | | | | | | |
|---------------------------|--|----------|----------------------------|----------|--------------------------------|---------|-------|----------|
| Travel Information | Date of Request: | 06/15/12 | Destination: ABQ, Santa Fe | | | | | |
| | Departure Date: (month/day/yr) | 06/18/12 | Time: | 07:00 AM | Return Date: (month/day/yr) | 6/19/12 | Time: | 07:00 PM |
| | <input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By: | | | | | | | |

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

| | | | | |
|---|---------|---------------------------------|-------------------------|-----------|
| 546700: Subscription/Annual Dues | | 542100: In-State Mileage: | @ .41 per mile | \$ 0.00 |
| 546800: Registration – Employee | | 542200: In-State Per Diem: | @ \$85/day | \$ 0.00 |
| 546800: Registration – Vendor | | Santa Fe Only: | 1 @ \$135/day | \$ 135.00 |
| 549600: Airline Cost – Vendor | | 549700: Out-of-State Per Diem: | @ \$115/day | \$ 0.00 |
| Airline Cost – Employee | | Actuals: | @ /day | \$ 0.00 |
| Baggage Fee | | With meals: | @ \$45/day | \$ 0.00 |
| Shuttle Fee | | Partial day: | @ \$12/2-6 hrs | \$ 0.00 |
| Taxi Fee | | Partial day: | @ \$20/6-12 hrs | \$ 0.00 |
| Parking Fee | | Partial day: | 1 @ \$30/12 or more hrs | \$ 30.00 |
| Mileage @ .41 per mile | \$ 0.00 | Total reimbursement to employee | | \$ 165.00 |
| Miscellaneous Expense: days @ \$6 per day | \$ 0.00 | Total cost of trip | | \$ 165.00 |
| Car Rental: days @ per day | \$ 0.00 | | | |

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

| | | | |
|---|------|---|------|
|  Employee Signature | Date |  Supervisor/Bureau Chief Signature | Date |
|---|------|---|------|

Division Director/Hospital Administrator
(As per specific division requirements)

Date

Cabinet Secretary Signature

(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)

Date